

**Appendix B**  
**Department of Mental Health**  
**Commissioner's Task Force on Safety and Risk Management**

**RISK IDENTIFICATION TOOL**  
**Example for Discussion Purposes**

**IDENTIFYING INFORMATION**

<b>Client Name</b>			
<b>DMH Area of Tie</b>			
<b>Record Number</b>			
<b>Date of Birth</b>		<b>Current Age</b>	
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		

<b>Date of Completion of this tool</b>	
<b>Name of person completing this tool</b>	

**RECORDED DIAGNOSES**

<b>Axis I</b>	
<b>Axis II</b>	
<b>Axis III</b>	

***Please complete the following items by circling the best response. Do not leave questions unanswered. Circle Unknown where applicable.***

**1) Risk for suicidal or other self-injurious behavior (i.e., substantial risk of harm to self)**

- |   |                 |
|---|-----------------|
| a) History of suicide attempt   | Y   N   Unknown |
| If yes, number of attempts _____  |                 |
| Mo/Yr of most recent attempt _____  |                 |
| Mo/Yr of first attempt _____  |                 |
| b) History of medical hospitalization due to suicide attempt              | Y   N   Unknown |
| c) History of psychiatric hospitalization due to suicide attempt/ideation | Y   N   Unknown |
| If yes, number of hospitalizations _____                                  |                 |
| d) Family history of suicide or suicide attempts                          | Y   N   Unknown |

e) History of other self-injurious behavior Y N Unknown  
 (e.g., cutting, head banging, burning self)  
 If yes, describe \_\_\_\_\_

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f) Stressors at the time of this assessment Y N Unknown  
 If yes, describe \_\_\_\_\_

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## 2) Risk for physical violence towards others

a) History of behavior resulting in the injury of another person Y N Unknown  
 b) History of behavior that could have resulted in the injury of another person (e.g., fire setting, deliberate other aggressive behavior, etc.) Y N Unknown  
 If Yes, describe \_\_\_\_\_

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c) History of threats toward others Y N Unknown  
 If known, date of most recent threats \_\_\_\_\_

d) History of weapon use Y N Unknown  
 If yes, Type of weapon:  
     \_\_\_\_ Gun  
     \_\_\_\_ Knife  
     \_\_\_\_ Other (describe \_\_\_\_\_)  
     \_\_\_\_ Unknown

e) History of arrest for a violent crime Y N Unknown  
 If Yes, please describe \_\_\_\_\_

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f) History of commitment to BSH for treatment Y N Unknown

g) History of threats/aggression toward public figures Y N Unknown

**3) Risk of non-violent but unacceptable behavior that has significant social consequences (e.g., victimizing vulnerable individuals)**

Y N Unknown

If Yes, please describe \_\_\_\_\_  
\_\_\_\_\_

**4) Risk for sexual violence towards others**

a) History of sexual violence/unlawful sexual activity towards others

Y N Unknown

If Yes, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Sexual violence against: (check all that apply)

- ☐ Family member
- ☐ Stranger
- ☐ Male
- ☐ Female
- ☐ Children under age 18
- Specify age if known \_\_\_\_\_

c) History of arrest for a sexual crime

Y N Unknown

If Yes, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) History of other problematic sexual behavior

Y N Unknown

If Yes, please describe \_\_\_\_\_  
\_\_\_\_\_

e) SORB Involvement

Y N Unknown

If yes, Level \_\_\_\_\_

**5) Risk of harm due to inability to care for self**

- |  |   |   |         |
|--|---|---|---------|
| a) Wanders and/or gets lost  | Y | N | Unknown |
| b) Endangers self by dressing inappropriately for cold or hot weather                              | Y | N | Unknown |
| c) History of heat stroke, frostbite or other weather-related problem                              | Y | N | Unknown |
| d) Poor judgment may provoke others to assault client  | Y | N | Unknown |
| e) History of or potential for accidental firesetting  | Y | N | Unknown |
| f) Unable to care for personal hygiene/ADL needs leading to life (health) endangering self-neglect | Y | N | Unknown |
| g) History of failure to care for serious medical Condition  | Y | N | Unknown |
| If yes, describe _____   |   |   |         |

**6) Capacity to make treatment decisions**

- |  |   |   |         |
|--|---|---|---------|
| a) Current Rogers guardianship           | Y | N | Unknown |
| b) History of Rogers guardianship        | Y | N | Unknown |
| c) Current Guardianship of the person    | Y | N | Unknown |
| d) History of guardianship of the person | Y | N | Unknown |

**7) Ability to Carry Out Functional Roles**

- |   |   |   |         |
|---|---|---|---------|
| a) Currently unable to live independently | Y | N | Unknown |
| b) History of employment instability      | Y | N | Unknown |

**8) Ability to Self-administer medications**

- |  |   |   |         |
|--|---|---|---------|
| a) Cannot safely self-administer medications   | Y | N | Unknown |
| b) History of abusing prescription medications | Y | N | Unknown |

**9) Risk due to neurological condition(s):**

- |   |   |   |         |
|---|---|---|---------|
| a) History of head injury leading to loss of consciousness or hospitalization | Y | N | Unknown |
| b) History of neurological illness:   |   |   |         |
| i.) Seizure disorder/Epilepsy   | Y | N | Unknown |
| ii.) Stroke   | Y | N | Unknown |
| iii.) Dementia  | Y | N | Unknown |
| iv.) Huntington's Disease   | Y | N | Unknown |
| v.) Multiple Sclerosis  | Y | N | Unknown |
| vi.) Other (specify): _____   |   |   |         |
| c) Acute dramatic change in mental state or behavior related to 9(b)          | Y | N | Unknown |
| d) Diagnosis or presence of Mental Retardation                                | Y | N | Unknown |
| e) Diagnosis or presence of Autism, Asperger's Syndrome, or PDD               | Y | N | Unknown |
| f) Functional impairment related to a   |   |   |         |

neurological condition	Y	N	Unknown
If yes, describe _____			
g) Ever evaluated or followed by neurology or neurosurgery?	Y	N	Unknown
h) Presence of medication-related movement disorder (e.g., tardive dyskinesia)	Y	N	Unknown

**10) Risk due to medical condition(s):**

a) History of or active medical diseases:			
i.) Respiratory problems, COPD, asthma	Y	N	Unknown
ii.) Heart Disease – MI, CHF, arrhythmias	Y	N	Unknown
iii.) GI – ulcers, inflammatory bowel disease	Y	N	Unknown
iv.) Metabolic syndrome, diabetes	Y	N	Unknown
b) History of/active malignancy/cancer:	Y	N	Unknown
c) History of TB:	Y	N	Unknown
If yes, documented treatment received?	Y	N	Unknown
d) History of/active other infectious diseases?	Y	N	Unknown
e) History of medical problems related to alcohol abuse (e.g., liver problems)	Y	N	Unknown
f) History of tobacco use?	Y	N	Unknown
If yes = # of pack years _____			
g) Does patient have a PCP?	Y	N	Unknown
h) Please list all current medications if known:			

**11) Substance abuse**

a) History of alcohol/drug abuse or dependence?	Y	N	Unknown
Please specify type of substance (s): _____			
b) History of detoxification or rehabilitation program involvement for substance abuse	Y	N	Unknown
c) History of commitment pursuant to M.G.L. c. 123, s. 35	Y	N	Unknown

**12) Risk of Supervision and treatment nonadherence**

a) History of discontinuing recommended psychiatric treatment	Y	N	Unknown
b) History of leaving a psychiatric unit, correctional setting, or supervised residence against recommended treatment or without authorization	Y	N	Unknown
If yes, please describe _____			
c) History of noncompliance with probation/parole	Y	N	Unknown

### 13) Other Risk Areas:

Please specify if this client has any other factor that is considered to place others or himself/herself at significant risk of harm (e.g., stalking, animal torture, gang involvement, obsessive focus of interest on particular individual, etc.)

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#### Sources used to complete this RIT:

\_\_\_\_ Interview with patient/client

\_\_\_\_ Medical Record review

\_\_\_\_ Other collateral sources

Please specify \_\_\_\_\_

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